

# South Carolina Department of Disabilities & Special Needs

## Day Services Observation Review Tool *July 2019 through June 2020*

*This tool is to be used by the Reviewer to determine whether the noted expectation is evident. Information may be discovered from interactions with people who receive services and their staff, by observations, and record review. Observations and other discovery methods such as interactions with residents and staff members, and record reviews should be used to determine if, on the date and time of the review, the noted requirement was "evident," "partially evident," or "not evident." Each section below should be reviewed with people who receive services and their staff. Comments should indicate any individual areas of Best Practice or areas that need additional focus from the provider. Reviewers should be as specific as possible.*

**Name of Location:** \_\_\_\_\_ **Date and Time of Review:** \_\_\_\_\_  
**Time Spent On-site for Review:** \_\_\_\_\_ **Reviewer:** \_\_\_\_\_

**Number of Staff Present:** \_\_\_\_\_ **Names of Staff Interviewed:** \_\_\_\_\_  
**Number of People Supported On-site in the Day Services Setting that were Interviewed/Observed during the Review:** \_\_\_\_\_  
**Names of People Interviewed During the Observation Visit:** \_\_\_\_\_

**Services Provided On- site:** \_\_\_ Group Employment \_\_\_ Career Prep \_\_\_ Day Activity \_\_\_ Community Services \_\_\_ Support Center

Area/Expectation	Observation Look for evidence (interview staff, participants, and observe) to determine whether or not the following is occurring:	Result:		
<b>1. Services are provided in a manner that promotes health, safety, and well-being.</b>				
<ul style="list-style-type: none"> <li>Participants work in a safe environment.</li> <li>Participants receive supports as needed (modifications, adaptive equipment, behavior and health issues)</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>	
<input type="checkbox"/> Referral to District Office required for follow-up related to health, safety, and welfare concerns. *Comments/ Justification for Rating: (Required)				
<b>2. Services are person centered.</b>				
<ul style="list-style-type: none"> <li>Training/activities are strength-based and results-oriented and reflect participants' interests and preferences, and choices.</li> <li>Participants are engaged in age appropriate meaningful training/activities with the expectation of achieving their personal goals.</li> <li>Participants and staff address each other in age appropriate and socially acceptable ways (staff are not Mr. or Ms. X while participants are called only by first names).</li> <li>There are a variety of choices of training/activities. Not all participants are doing the same activities at the same time.</li> <li>Staff are knowledgeable about participants' needs, interests, preferences and strengths and these are reflected in their personal goals. Ask staff how participants have changed/progressed as a result of their training/activities.</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>	
*Comments/ Justification for Rating: (Required)				
<b>3. Services are provided in a manner that promotes personal growth and accomplishments.</b>				
<ul style="list-style-type: none"> <li>Are training/activities age appropriate and meaningful to participants? Do participants know why they are doing what they are doing and are they working towards a specific outcome? There is no simulated or "practice" work that is done over and over.</li> <li>Can participants communicate that they have gained a skill or accomplished a personal goal? Are participants able to change their goals and/or training/ activities?</li> <li>Have participants communicated their desired goals and interests? Do participants know how their goals/ objectives are set?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>	
*Comments/ Justification for Rating: (Required)				
<b>4. Services are provided in a manner that promotes individual choice and responsibility.</b>				
<ul style="list-style-type: none"> <li>Participants are encouraged to exercise responsibility in making choices and selecting activities.</li> <li>Services are provided in the least intrusive manner at the level and frequency needed to optimize independence. Communication methods exist for people that do not use words.</li> <li>Independence is encouraged and verbal/non-verbal prompting only occurs as needed.</li> <li>Participants are encouraged to use socially acceptable behavior (using manners and being polite).</li> <li>People have access to lockable storage.</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>	
*Comments/ Justification for Rating: (Required)				
<b>5. Services are provided in a manner that promotes relationships and community connections.</b>				
<ul style="list-style-type: none"> <li>Participants are encouraged to interact with staff, community members, family, friends, and each other in a respectful manner.</li> <li>While working, staff are not participating in activities separated from participants. (Ex. Lunch, breaks, socializing with co-workers) or otherwise engaged with their cell phones.</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>	
*Comments/ Justification for Rating: (Required)				

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### 6. Services promote community inclusion.

<ul style="list-style-type: none"> <li>Participants are encouraged to participate in the community:</li> <li>Services provide opportunities for participants to interact with non-disabled, non-paid staff in and out of the facility.</li> <li>There are minimal participants in the facility. Many participants are going into the community for training/activities.</li> <li>Staff attire blends in with participants' attire. Attire does not identify staff as paid caregivers – ex. scrubs.</li> <li>Participants communicate about recent training/ activities in the community.</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>
<i>*Comments/ Justification for Rating: (Required)</i>			

### 7. Services are provided in a manner that promotes dignity and respect.

<ul style="list-style-type: none"> <li>Personal care activities are completed in private settings.</li> <li>Staff relationships with people supported are positive and engaging.</li> <li>People are greeted when coming into the facility.</li> <li>The facility is free from offensive odors.</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>
<i>*Comments/ Justification for Rating: (Required)</i>			

### 8. The provider has a process to determine whether or not people are SATISFIED with services?

<ul style="list-style-type: none"> <li>Ask staff how they know whether or not the people they work with are satisfied with the services they provide them. What concerns have been expressed?</li> <li>Ask staff and people served to explain the process for expressing a complaint.</li> <li>Ask people if they have had a complaint and what they did about it. Was it resolved in a timely manner and to their satisfaction?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>
<i>*Comments/ Justification for Rating: (Required)</i>			

### 9. Staff know and implement the procedures for ABUSE and people are supported to know what abuse is and how and to whom to report it.

<ul style="list-style-type: none"> <li>Do staff know what constitutes abuse and how to report? Does training include prevention?</li> <li>Ask staff what happens when abuse occurs? Are people comfortable making reports?</li> <li>Specific questions for each staff present: (Record response in comments below. A "no" response require additional details.)               <ol style="list-style-type: none"> <li>Did you receive training on how to deal with consumer behaviors? How did the training help you identify ways to reduce the risk of serious behavior issues on your shift?</li> <li>Do you feel confident that you can correctly use physical redirection techniques and restraints if needed as taught in your training and reviewed by your managers?</li> <li>Please explain the difference between using an agency approved restraint technique to maintain safety and crossing over the line to an intervention for which you could be held personally liable.</li> </ol> </li> <li>Are people who receive services trained on abuse? What would they do if they were abused? Would they know how to report? To whom would they report?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>
<input type="checkbox"/> Report initiated to SLED for allegation of ANE. Date and Time of Report to SLED: _____ <input type="checkbox"/> Notification to Provider Management Staff: Name/Date/Time: _____ <i>*Comments/ Justification for Rating: (Required)</i>			

### 10. Services are responsive, and staff demonstrate engagement and commitment to quality training/activities.

<ul style="list-style-type: none"> <li>What do staff view as their most important responsibility? Do they view themselves as care givers or support providers?</li> <li>Are staff trained to recognize each person as an individual and to promote dignity and respect?</li> <li>Do they support people in achieving personal goals? Do they offer choice in services/supports?</li> <li>There is frequent and positive interaction between staff and participants. Participant needs are addressed timely.</li> <li>Staff are not congregated together and/or apart from participants.</li> <li>Do they understand confidentiality policies and protect consumer information?</li> <li>Ask staff to describe the training are they provided to assist them in performing their roles. Do they feel they are adequately prepared?</li> </ul>	<b>Evident</b> <input type="checkbox"/>	<b>Partially evident*</b> <input type="checkbox"/>	<b>Not evident*</b> <input type="checkbox"/>
<i>*Comments/ Justification for Rating: (Required)</i>			

**Reviewer must notify DDSN Quality Management within 24 hours if the results of this review require additional follow-up from District Offices. Any Health and Safety concerns or allegations of Abuse, Neglect, of Exploitation must be immediately reported.**

**The telephone number to report allegations of ANE is 1-866-200-6066.**